

SERFF Tracking Number:	JPFC-125539274	State:	Arkansas
Filing Company:	Lincoln National Life Insurance Company	State Tracking Number:	38424
Company Tracking Number:	ANF06959		
TOI:	A10 Annuities - Other	Sub-TOI:	A10.000 Annuities - Other
Product Name:	Annuity Application		
Project Name/Number:	/		

Filing at a Glance

Company: Lincoln National Life Insurance Company

Product Name: Annuity Application

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Filing Type: Form

SERFF Tr Num: JPFC-125539274

SERFF Status: Closed

Co Tr Num: ANF06959

Co Status:

Authors: Tracy Jackson, David
Miceli

Date Submitted: 03/13/2008

State: ArkansasLH

State Tr Num: 38424

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 03/21/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/21/2008

State Status Changed: 03/21/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Form ANF06959-70, Annuity Application

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The Lincoln National Life Insurance Company

NAIC # 65676 FEIN 35-0472300

Dear Sir or Ma'am:

<i>SERFF Tracking Number:</i>	<i>JPFC-125539274</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38424</i>
<i>Company Tracking Number:</i>	<i>ANF06959</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Annuity Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Enclosed are final print copies of annuity application form ANF06959-70 for your review and approval consideration. Form AN0695-70 is being filed to replace form BJF-05650-70, approved by your department on June 9, 2006.

Form ANF06959-70 will be used by Lincoln National Insurance Company when marketing our fixed annuity products to the general public and within financial institutions.

Form ANF06959-70 will be used to market all of our fixed, fixed indexed and single premium immediate annuities. We have bracketed sections of this application with the intent of separating out the sections of the application that only apply to the product line it is associated with. We will only remove or add a section that are bracketed when necessary. We have enclosed a Statement of Variability explaining the bracketed section in more detail.

Form ANF06959-70 contains no unusual or controversial features or language that deviate from normal insurance industry standards. Form ANF06959 -70 has a Flesch Readability Score of 50.0.

Upon approval, the Company reserves the right to change the format of the Form without altering the approved language, and to offer it in an electronic version at some later date. The Form was filed concurrently in our domiciliary state, Indiana, where it is pending approval.

Please call me at 800/458-5299, extension 4705 or email me at david.m.miceli@lfg.com, if there are questions or comments about the submission. Enclosed are any filing fees and certifications required by your state. Upon approval, please return one copy of the stamped approved submission to me.

Company and Contact

Filing Contact Information

David Miceli, Manager, Annuity Product Compliance	david.m.miceli@lfg.com
100 N Greene St.	(800) 458-5299 [Phone]
Greensboro, NC 27401	(336) 335-2925[FAX]

Filing Company Information

Lincoln National Life Insurance Company	CoCode: 65676	State of Domicile: Indiana
350 Church St.	Group Code: 20	Company Type: Insurance

SERFF Tracking Number: *JPFC-125539274* *State:* *Arkansas*
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Hartford, CT 06103 Group Name: State ID Number:
(800) 458-5299 ext. [Phone] FEIN Number: 35-0472300

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln National Life Insurance Company	\$20.00	03/13/2008	18585377

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	03/21/2008	03/21/2008

<i>SERFF Tracking Number:</i>	<i>JPFC-125539274</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Annuity Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 03/21/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	JPFC-125539274	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Annuity Application		Yes

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Form Schedule

Lead Form Number: ANF06959-70

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ANF06959-70	Application/ Enrollment Form	Annuity Application	Initial		50	ANF06959-70.pdf



Annuity Application

The Lincoln National Life
Insurance Company (Company, Lincoln)
[Fort Wayne, Indiana]

Instructions: Please type or print. ANY ALTERATIONS TO THIS APPLICATION MUST BE INITIALED BY THE CONTRACT* OWNER.

Product being applied for: _____

[1a] Contract Owner (See Minimum and Maximum age for selected product.)

Full Legal Name of Individual or Trust**	SSN/TIN	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	Home Telephone Number		
City	State	Zip	Citizen of (Country)
Mailing Address (if different than above)			
City	State	Zip	
Trustee Name**	Date of Trust	Is Trust revocable**	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Trust document pages are required. Please send document pages that show the Trust's name, Date of the Trust, Grantor Names, Trustee Names and Trustee signatures.

[1b] Joint Contract Owner, if any (Non-Qualified Market Only.) (See Minimum and Maximum age for selected product.)

Full Legal Name of Individual	SSN/TIN	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse		
Citizen of (Country)	Relationship To Owner	

[2a] Annuitant (If no Annuitant is specified, the Contract Owner, or Joint Owner if younger, will be the Annuitant.) (See Minimum and Maximum age for selected product.)

Same as: ☐ Owner ☐ Joint Owner ☐ Other - provide information below

Full Legal Name of Individual	SSN/TIN	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	Home Telephone Number		
City	State	Zip	
Citizen of (Country)	Relationship To Owner		

* "Contract" may be referred to as "Policy" or "Certificate".

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

ANF06959-70

- Product type here [Deferred, Lincoln SmartIncomeSM] -
[or Lincoln Insured IncomeSM] -

AR,DC,KY,LA,ME,MI,NM,OH,OK,PA,TN [3/08]
ANF06959[xx]

[2b] Contingent Annuitant, if any (Only available for *Lincoln Select*SM, *Lincoln ChoicePlus*SM Advantage Fixed and *Lincoln MYGuarantee*SM)

Full Legal Name of Individual _____ SSN/TIN _____ Date of Birth _____ ☐ Male
☐ Female

Street Address _____ Home Telephone Number _____

City _____ State _____ Zip _____

Citizen of (Country) _____ Relationship To Owner _____

[2c] Joint Annuitant, if any (Only available for *Lincoln SmartIncome*SM and *Lincoln Insured Income*SM.)

Full Legal Name of Individual _____ SSN/TIN _____ Date of Birth _____ ☐ Male
☐ Female

Street Address _____ Home Telephone Number _____

City _____ State _____ Zip _____

Citizen of (Country) _____ Relationship To Owner _____

[3] Beneficiary(ies) of Contract Owner (List additional beneficiaries in Section [10].)
(If submitted separately must be signed and dated by the contract owner.)
(Use whole percentages and the allocation total must equal 100%.)

Beneficiaries share equally unless otherwise indicated.

Primary Beneficiary(ies)

Full Legal Name of Individual or Trust _____ Relationship to Contract Owner _____ Date of Birth/Trust _____
_____% or Other _____
SSN/TIN _____

Full Legal Name of Individual or Trust _____ Relationship to Contract Owner _____ Date of Birth/Trust _____
_____% or Other _____
SSN/TIN _____

Contingent Beneficiary(ies)

Full Legal Name of Individual or Trust _____ Relationship to Contract Owner _____ Date of Birth/Trust _____
_____% or Other _____
SSN/TIN _____

Full Legal Name of Individual or Trust _____ Relationship to Contract Owner _____ Date of Birth/Trust _____
_____% or Other _____
SSN/TIN _____

[4] Type of Annuity Contract (ACORD Form 951 required for Transfers/Exchanges/Rollovers, Sections 4-6.)

Purchase Payment/Premium amount remitted with application \$ _____

Non-Qualified: ☐ 1035 Exchange ☐ Transfer of Non-Insurance Accounts ☐ CashTax-Qualified: ☐ Transfer (to same market) ☐ Rollover (to different market) ☐ 60-Day rollover ☐ Cash Contribution Tax Year _____
Market at previous carrier _____Tax-Qualified Market applying for: ☐ Roth IRA ☐ Traditional IRA ☐ Other _____
(Some Qualified Retirement Plans may require a Hold Harmless Agreement.) (Prior approval required)Multiple Transfers: ☐ Issue the contract with the first piece of money received.
☐ Issue the contract when all of the money has been received.

Approximate transfer amount: Total \$ _____

Are you electing an additional rider? ☐ Yes, *Lincoln Living Income*SM Advantage ([*Lincoln OptiChoice*SM and *Lincoln New Directions*SM]only
- submit Rider Election Form with the application)
☐ No**[5] Lincoln In-Force or Pending Annuities**List the total amount of in-force and pending Lincoln annuity contracts. If none, check this box. ☐ List additional contracts in Section [10].

Contract Number	Account Value	Product
Contract Number	Account Value	Product
Contract Number	Account Value	Product

[6] Replacement Information (List additional policies/contracts in Section [10].)Do you own any existing annuities or life insurance? ☐ Yes ☐ No

(If Yes, a replacement form is required for applications signed in an NAIC state.)

Will the proposed contract replace any existing annuity or life insurance? ☐ Yes ☐ No

(If Yes, complete the information below with the contract information being replaced and provide the applicable state replacement form(s) for the state signed. The replacement form for NAIC states in the question above would also fulfill this replacement requirement.)

Company	Approximate Transfer Amount	Policy/Contract Number	Replacement of Annuity/Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life

[7] Lincoln SmartIncomeSM (See Product availability.)
(Illustration must accompany application.)

Payout Mode: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

First Payment Date: ☐ 30 days after contract issue ☐ Other Date_____

(Selected payment day must be between 1-28.) Payments will not start less than 30 days from the issue date.

Cost Basis Amount: \$ _____

[8] Lincoln Insured Income

(See Product availability.)
(Illustration must accompany application.)

Payout Mode: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

First Payment Date: ☐ 30 days after contract issue ☐ Other Date _____

(Selected payment day must be between 1-28.) Payments will not start less than 30 days from the issue date.

Cost Basis Amount: \$ _____

My agent has explained the Impaired Risk life payment option for my SPIA (available for premiums of \$100,000 or more.)

Must check one:

- ☐ I wish to be considered for an Impaired Risk SPIA and have submitted medical information for underwriting review.
☐ I do not wish to be considered for an Impaired Risk SPIA.

Annuity Payment Options:

Single Life Annuity (proof of age required): ☐ Life Only ☐ Life with Period Certain (___ years) ☐ Life with installment refund

Joint Life Annuity (proof of age required)

☐ Joint and Survivor Life

☐ No Period Certain ☐ ___ Years Period Certain

☐ Joint and Percent to Survivor Life _____% decrease upon the death of either annuitant with:

☐ No Period Certain ☐ ___ Years Period Certain

☐ Contingent Joint and Percent to Survivor Life _____% decrease upon the death of either annuitant with:

☐ No Period Certain ☐ ___ Years Period Certain

☐ Joint and Survivor Life with Period Certain

☐ No Period Certain ☐ ___ Years Period Certain

Period Certain Only:

☐ Installments for a designated period of ___ years (may be five to thirty years, inclusive)

☐ Installments of a designated amount of \$ _____ (minimum \$50)

[9] Owner/Joint Owner Identification

Important Information About Customer Identification

Federal law requires all financial institutions, including insurance companies, to obtain, verify and maintain information that identifies each person who applies for an annuity contract. The insurance company may use third party sources to verify the information provided. Your representative/agent will ask to see your driver's license, passport or other government issued identification that will allow us to verify your identity.

Check one form of ID: Owner

Individual Owner ☐ Driver's License ☐ Passport ☐ Other _____

Non-Individual Owner ☐ Certified Articles of Incorporation ☐ Partnership Agreement ☐ Trust Document

ID Number

State/Country of Issuance

ID Expiration Date

Check one form of ID: Joint Owner, if any

Individual Owner ☐ Driver's License ☐ Passport ☐ Other _____

Non-Individual Owner ☐ Certified Articles of Incorporation ☐ Partnership Agreement ☐ Trust Document

ID Number

State/Country of Issuance

ID Expiration Date

For an annuity owned by a corporation, association, partnership or trust, customer identification may require that articles of incorporation, partnership agreement or trust document be provided to us. Such documents will be retained solely for the purposes of customer identification and we accept no responsibility for the enforcement or administration of any of the terms of such documents.

[10] Additional Remarks

[11] Telephone/Internet Authorization (Internet may not be available for all products.)

I/We hereby authorize and direct the Company to accept instructions via telephone or the internet from any person including my/our representative/agent who can furnish proper identification to clarify any unclear or missing administrative information contained on the application and/or to make eligible changes to existing service features, including the automatic withdrawal service. I/We agree to hold harmless and indemnify the Company and its affiliates and its directors, trustees, officers, employees and agent for any losses arising from such instructions.

If you **DO NOT** want Telephone/Internet Authorization check this box. ☐

[12] Owner's Statement

The Owner(s) understands and agrees that:

1. The above statements and answers are true, complete, and correct to the best of his or her knowledge and belief.
2. The statements made shall form the exclusive basis of any annuity issued hereon.
3. Checks must be made payable to The Lincoln National Life Insurance Company, not to the representative/agent. The cancelled check is the receipt.
4. Only a Company officer can make, modify, discharge, or waive any of the Company's rights.
5. Under penalties of perjury, the Owner(s) certifies that: (1) the Social Security Number(s) or Tax Identification Number(s) reported above for the Owner(s) is the correct number (or the Owner(s) is waiting for a number to be issued); and (2) the Owner(s) is not subject to backup withholding either because (a) the Owner(s) has not been notified by the Internal Revenue Service (IRS) that the Owner(s) is subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified the Owner(s) he or she is no longer subject to backup withholding.
6. Placing an annuity in a tax qualified retirement plan (e.g., an IRA) will result in no additional tax advantage from the annuity.
7. **Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent act, which is a crime and subject such person to criminal and civil penalties.**

Application signed in (State or States)

Date

Signature of Contract Owner

Signature of Joint Contract Owner, if any

Signature of Annuitant (Annuitant must sign if other than the Owner)

[Signature of Joint Annuitant, if any]

[Signature of Contingent Annuitant, if any]

[13] Representative/Agent Information

(Licensing appointment with the Company is required for this application to be processed. If more than three representatives/agents, please indicate Names, Percentages, and Representative/Agent Codes in Section [10].)

☐ Yes ☐ No To the best of my knowledge, the annuity applied for is intended to replace or change existing life insurance or annuities. If replacement or change is involved, I have attached copies of Comparison and Notice Statements and a list of companies involved, as required.

☐ Yes ☐ No I personally met with the Owner(s), reviewed the government issued identification described above and verified to the best of my knowledge, that it accurately reflects the identity of the Owner(s). If Owner(s) is a business or trust entity, I reviewed documentation confirming the entity's legal status and state of formation.

I/We hereby certify that I/we witnessed the signature(s) in Section 11 and that all information contained in this application is true to the best of my/our knowledge and belief. I/We also certify that I/we have used only Company approved sales materials in conjunction with this sale, and copies of all sales materials were left with the applicant(s). Any electronically presented sales material will be provided in printed form to the applicant no later than at the time of contract delivery.

The undersigned confirms this contract was principally negotiated, issued and delivered in the state where the application was signed. Any communication pertaining to this contract also occurred in the state where the application was signed.

Representative/Agent Name (print as it appears on State and/or FINRA Licensing)

Representative/Agent Number (required)

Representative/Agent Signature

Client Account Number at Dealer (if applicable)

Representative/Agent SSN (required)

Representative/Agent Telephone Number

Agency/Dealer's Name

Branch Number

Branch Address

Representative/Agent Email Address

City

State

Zip

☐ Check if Representative/Agent change of address

Additional Representatives/Agents

Name

Percentage

Representative/Agent Number (required)

Representative/Agent Signature

Date

Representative/Agent SSN (required)

Name

Percentage

Representative/Agent Number (required)

Representative/Agent Signature

Date

Representative/Agent SSN (required)

Send completed application with a check made payable to The Lincoln National Life Insurance Company to your Dealer's home office (if applicable) or to:

Mailing Address:
The Lincoln National Life Insurance Company
[Servicing Office - PO Box 7809]
[Fort Wayne, IN 46801-7809]

Overnight Address:
The Lincoln National Life Insurance Company
Individual Annuity Operations
[1300 South Clinton Street]
[Fort Wayne, IN 46802]

<i>SERFF Tracking Number:</i>	<i>JPFC-125539274</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Bypassed -Name:	Certification/Notice	03/12/2008
Bypass Reason:	Not needed for an application filing.	
Comments:		

Review Status:

Satisfied -Name:	Application	03/12/2008
Comments:	This is an application filing. The application is under the Form Schedule Tab.	

Review Status:

Bypassed -Name:	Life & Annuity - Acturial Memo	03/12/2008
Bypass Reason:	Not needed for an application filing.	
Comments:		